FORM N-13 (REV. 2001)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return 2001 RESIDENT

(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100,000 TAXABLE INCOME AND WHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM ADJUSTMENTS TO INCOME)

		theck box if filing for the first time	or address has	changed	AMD UNP	008 P	NT INT				
/PE	Your	first name and initial		[ast name		Your social security number				
표											
LAB	If a j	pint return, spouse's first name and in	Į	_ast name	Spouse's	Spouse's social security number					
rate E PR	Pres	ent mailing or home address (Number	Y	Your occupation							
SE ST WISE		· ·	,	· ·							
US OTHER	City,	City, town or post office, State and ZIP code						Spouse's occupation			
	\A/A	VAII ELECTION Do you want \$2 to go to the Hawaii Election Campaign Fund? Yes						ng "Yes" will			
CA	WAII I MPAI			ant \$2 to go to the fund?		No No	not increase your reduce your ref	our tax or			
0,	1	Single	e your opouco no		eck only ONE box)		reduce your rei	iuna.			
40	2										
NG TUS	3	3 Married filing separate return. Enter spouse's social security no. above and full name here.									
FILI STA	4										
0)	5	not your dependent, enter this child's name here. ►									
	Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 11.										
	6a	Yourself	Age 65 or ove	r				•			
	6b	Spouse	Age 65 or over	r	boxes checked on 6a and 6b						
						•					
EXEMPTIONS	6c and		more than 6 endents, use	Dependent's social security number	3. Relationship	Enter nun of your ch					
) E	6d		attachment	- Cooking Hambon	o. Holdstone	listed	6c	, [
IM:						Enter nun	nher				
X						of other					
						dependen	nts 6d	′			
						Add numl					
	6e	Total number of exemptions claime	d			boxes abo	60	,			
•		•				ROUND TO TI	HE NEAREST I	DOLLAR			
ER	7	Wages, salaries, tips, etc. (attach Form(7●		00						
5 H	8	Interest income (complete Part I on pa	t income (complete Part I on page 2 if over \$400)					00			
≱	9	Ordinary dividends (complete Part II o	on page 2 if over \$4	400)	9●		00				
<u> </u>		Unemployment compensation (insura	,				00				
Ë	11 Caut	Add lines 7, 8, 9 and 10ion: • If you can be claimed as	▶ 11●		00						
OF E	Caul	see page 11 of the Instr									
PY B C		If you are married filing separately and your spouse itemizes deductions,									
P N	12	see page 8 of the Instructions. 12 Standard deduction.									
Š	If you checked filing status box: 2 or 5, enter \$1,900 3, enter \$950										
ACI			4, enter \$1,6	50	Standard Deduction	→ 12•		00			
 ATTACH COPY B OF FORM HW-2 HERE INCOME 	13	Line 11 minus line 12. (This line MUS						00			
	14	Multiply \$1,040 by the total number of									
		or disabled, check applicable box(•		•			00			
	15	Line 13 minus line 14. Enter the res	sult (but not less t	han zero)	Taxable Income	≻ ₁₅ •		00			

Continue on other side Continue on other side

CAUTION: You may NOT file Form N-13 (you must file Form N-11, N-12, or N-15 instead) if any of the following apply to you:

- You are a part-year resident.
- You are married filing a separate return and your spouse itemizes.
- You received any capital gains distributions.

FORM N-13 (REV. 2001) Page 2

If yo	the amounts of	Interest Income re than \$400 in interest, list the of interest on the lines below. interest to report.	names of the pay See page 10 of	rers the	payers and t	ed more than \$ the amounts of tions for a defini	400 ii	lividends on	vidends, list t	t he names c ow. See pag	of the ge 10
	N:	ame of Payer	Amount			Name of	Pavei	r		Amount	
1	140	Amount 1			Name of Fayer				Amount		
			1		•						
			 								
			 								
_		me. Enter here and on (Whole dollars only)		00		nary dividends. 3, line 9 (Whole o					00
	16 Tax. Check if from ☐ Tax Table; or ☐ Form N-615, Computation of Tax for Children Under Age 14 Who										
TS	Have Investment Income of More Than \$1,000						16		00		
品		onservation Tax Credit (attach Form						00		•	
S		inus line 17 (but not less than zer	•					⊁	18		00
ğ	19a Total Hawa	aii income tax withheld				19a●		00			
A	19b Amount pa	aid with extension(s)				19b●		00			
SE .	19c Low-Incom	ne Refundable Tax Credit (attach S	,								
Æ	DHS, etc.	exemptions •				19c●		00			
ΥN	19d Credit for L	ow-Income Household Renters (at	tach Schedule X)			19d●		00			
TAX PAYMENTS AND CREDITS	19e Credit for 0	Child and Dependent Care Expense	es (attach Schedule	X)		19e●		00			
Α×	19f Credit for 0	Child Passenger Restraint System(s	s) (attach a copy of t	ach a copy of the invoice)		19f●		00			
	19g Credit for \$1 general income tax (see page 12 of the Instructions)										
	20 Add lines 19a through 19gTotal ➤							20●		00	
	21 If line 20 is larger than line 18, enter the amount OVERPAID (line 20 minus line 18)							21●		00	
	22 If you want to contribute to the Hawaii school-level minor repairs and maintenance special fund.										
IN	enter \$2 (\$4 if your spouse also wants to contribute and you are filing jointly), check applicable										
MOL	box(es) ● ☐ Yourself ● ☐ Spouse, and see page 12 of the Instructions							22		00	
A M	23 Line 21 minus line 22. This is the amount to be REFUNDED TO YOU								23		00
000	24 If line 18 is	24 If line 18 is larger than line 20, enter the AMOUNT YOU OWE (line 18 minus line 20). DO NOT include the penalty									
REFUND OR AMOUNT YOU OWE	and intere	st for the late filing of your return;	see page 13 of the	Instru	uctions. Use F	orm N-200V to	send	your			
ΉË	payment t	o the Department of Taxation							24●		00
	25 Estimated	tax penalty. (see page 13 of Instruc	ctions) Also include o	on line	21 or 24,						
	whichever	applies. Check box if Form N-210	is attached ➤ □			25●		00			
~	OC If you don	24					المملم	ah al ambi			
	26 if you don	't need Hawaii income tax forms r	nalled to you next y	ear, c	neck nere to r	eceive a preprir	ntea i	abei only			
当	Third Party	Designee. Do want to allow anot	her nerson to discu	ıcc thic	s return with th	e Hawaii Denai	rtmen	t of Taxation	(See nage 1	3 of the	
DESIGNEE	•	Yes. Complete the following	<u>'</u>		o rotairi witir tir	o Hawaii Bopai		t or randitorr	(CCC page)	0 01 1110	
DES	Designee's r	•	•	e no. 3	•		Ident	tification num	her >		
	Designee 3 i	iame P	1 11011	C 110. /			lucili	incation nam	DCI P		
			DE	CLAF	RATION						
		penalties set forth in section 231-3									
and	, to the best of mome Tax Law, Ch	ny knowledge and belief, is a true anter 235, HRS	e, correct, and com	plete r	eturn, made ir	n good faith, for	the t	axable year s	stated, pursua	ant to the Ha	awaii
	nno rax zaw, on	upter 200, 11110.									
	>										
┈╙	Your signatu	ıre	Date	Date Spouse's signature (if			filing jointly, BOTH must sign)			Date	
ŞΨ.	. 34. 3.9.1410		Date Sp								
PLEASE SIGN HERE	Paid	Preparer's Signature					Pre	eparer's identifi	cation number	Check if	
S	Preparer's	and date								self-employe	ed ➤ 🗌
	Information	Firm's name (or yours if self-employed),			<u> </u>			Federal E.I. N	o. >		
		Address, and ZIP Code				Phone No. >					

REMINDERS:

- Check your arithmetic.
- Don't forget to sign your return. If married filing a joint return, both spouses must sign the return.
- Use your preprinted address label if you received one. Make any changes directly on the label.
- Be sure required attachments are attached. (W-2s, Schedule X, etc.)
- File early using the preaddressed envelope if you received one.